

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032777

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** SPINALHEALTH CENTERS, P.A.

**Current Principal Place of Business:**

7105 NW 18TH AVE  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

7105 NW 18TH AVE  
GAINESVILLE, FL 32605 US

**New Mailing Address:**

**FEI Number:** 59-3310678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUTTERLIN, CHESTER E III  
7105 NW 18TH AVE  
GAINESVILLE, FL 32605 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SUTTERLIN, CHESTER E III, MD  
Address: 7105 NW 18TH AVE  
City-St-Zip: GAINESVILLE, FL 32605 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** CHESTER E. SUTTERLIN, III, MD

D

04/26/2010

Electronic Signature of Signing Officer or Director

Date